ADOT
Motor Vehicle Division

Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

96-0140 R04/14   azdot.gov

THIRD PARTY COMPANY
AUTHORIZATION APPLICATION

- Print or type
- Must be legible, complete and correct
- If not applicable, enter "NA"
- If additional space is needed, attach separate sheet

Application is hereby made for authorization to engage in the following Third Party activities:

Application Processing	Vehicle Inspection	Driver License Training
❒ Title and Registration ❒ Driver License ❒ TransPort System (permits) ❒ Other (specify):	❒ Level I only ❒ Level I plus Abandoned Vehicles	❒ Operator (Class D/G) ❒ Motorcycle ❒ Special Performance Evaluation

Driver License Examination

❒ Motorcycle   ❒ Operator (Class D/G)

Commercial Driver License Examination

(Indicate the license class. Class A = A, B and C; B = B and C; C = C only):

❒ Truck ___   ❒ Coach-Transit Bus ___   ❒ School Bus ___

Business Type

❒ Individual [1]   ❒ Partnership [1]   ❒ Corporation [2]   ❒ LLC [2]   ❒ LLP [1]   ❒ Government Entity/Political Subdivision

❒ Other:

[1] Attach copy of Certificate of Existence or Trade Name Certificate issued by the Secretary of State
[2] Attach copy of Articles of Incorporation or Organization as filed with the Arizona Corporation Commission

Company Name		FEIN/EIN**	
Doing Business As (DBA)			
Established Business Address (where Third Party activities will be performed)*	City	State	Zip
Mailing Address (if different from above)	City	State	Zip

Principal Business Address (administrative/operation headquarters, where records will be secured)*

Address (if different from Mailing Address)	City	State	Zip
Office Days and Hours			
❒ M: ❒ Tu: ❒ W: ❒ Th: ❒ F: ❒ Sa: ❒ Su:			
Phone Number ( )	Fax Number ( )		

Contact Person – Attach a letter indicating the scope of authority the contact person will have regarding company operations.

Contact Person Name (first, middle, last suffix)		Title
Phone Number ( )	Fax Number ( )	E-mail Address

Statutory Agent – Corporations only: Statutory agent designated in your Articles of Incorporation (must be an Arizona resident)

Statutory Agent Name (first, middle, last suffix)		Arizona Driver License Number	
Street Address	City	State	Zip
Mailing Address (if different from Street Address)	City	State	Zip

* Must be commercially zoned

** Federal Idendification Number or Employer Identification Number

List: Owners, Partners, Corporate Officers, Directors and all Stockholders owning 20% or more of the corporation

1. Applicant Name (first, middle, last, suffix)			Title			
Residence Address			City		State	Zip
Driver License Number	State	Stock Percentage (if applicable)				

2. Applicant Name			Title			
Residence Address			City		State	Zip
Driver License Number	State	Stock Percentage (if applicable)				

3. Applicant Name			Title			
Residence Address			City		State	Zip
Driver License Number	State	Stock Percentage (if applicable)				

4. Applicant Name			Title			
Residence Address			City		State	Zip
Driver License Number	State	Stock Percentage (if applicable)				

Additional information may be required following the review of this application.

I certify that the information contained on this application is true and correct, that all persons listed on this application are in compliance with all applicable laws of Arizona, that no person listed on this application has ever been convicted of fraud or an auto-related felony in any state, territory or possession of the U.S. or any foreign country, in the past 10 years, or any other felony in the past 5 years, or ever had a business authorization revoked or suspended in Arizona or any other state.

I understand that any misrepresentation or misstatement in the application may cause the application to be denied.

Driver License Training Provider Only:

❒ I certify I will meet minimum professional training standards as set forth by the Department.

If individual, must be signed by owner. If partnership, must be signed by all partners. If corporation, must be signed by one corporate officer.

Applicant Signature	Title	Date
Applicant Signature	Title	Date
Applicant Signature	Title	Date
Applicant Signature	Title	Date